Case 18-22967-CMB Doc 1 Filed 07/26/18 Entered 07/26/18 16:18:34 Desc Main Document Page 1 of 54

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF PENNSYLVANIA | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| rt 1: | Identify Yourself | | |
|----------------------------|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| You | r full name | | |
| your pictu exar | government-issued are identification (for apple, your driver's | Susan First name L. | First name |
| licer | se or passport). | Middle name | Middle name |
| iden | tification to your | Aversa Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| | | | |
| you num Indi Iden | Social Security ber or federal vidual Taxpayer tification number | xxx-xx-4212 | |
| | Write your picture examilicent Bring identimee Inclumate Only your num Individent Identication Inclusion I | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | About Debtor 1: Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Aversa Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number Xxx-xx-4212 |

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Debtor 1 Susan L. Aversa

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 2041 East Homestead St. | If Debtor 2 lives at a different address: |
| | | Pittsburgh, PA 15212 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Allegheny | Country |
| | | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known) Debtor 1 Susan L. Aversa

| ar | Tell the Court About | Your E | Bankruptcy Ca | ise | | | | |
|------------|---|--|----------------------------------|--|--|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see <i>Notice Required by 11 U.S.C.</i> § 342(b) for <i>Individuals Filing for Bankruptcy (Form 2010)</i>). Also, go to the top of page 1 and check the appropriate box. □ Chapter 7 | | | | | | |
| | choosing to file under | | | | | | | |
| | | | Chapter 11 | | | | | |
| | | | Chapter 12 | | | | | |
| | | = c | Chapter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | u may pay. Typ attorney is sub | pically, if you are payi | ng the fee yourself, yo | e clerk's office in your local cou ou may pay with cash, cashier's attorney may pay with a credit | s check, or money |
| | | | I need to pay The Filing Fe | the fee in ins e in Installmen | stallments. If you choods (Official Form 103A) | ose this option, sign a). | and attach the Application for Ir | ndividuals to Pay |
| | | | but is not req applies to you | uired to, waive ur family size a | your fee, and may do nd you are unable to p | so only if your incom pay the fee in installm | you are filing for Chapter 7. By the is less than 150% of the offic tents). If you choose this option 103B) and file it with your petif | cial poverty line that n, you must fill out |
| | Have you filed for | _ | | | | | | |
| , . | bankruptcy within the last 8 years? | ■ N | | | | | | |
| | • | | District | | Whe | า | Case number | |
| | | | District | | When | | Case number | |
| | | | District | | When | | Case number | |
| | | | | | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ N | 0 | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Y | es. | | | | | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When | າ | Case number, if known _ | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When | າ | Case number, if known | |
| 11. | Do you rent your residence? | ■ N | o. Go to I | ine 12. | | | | |
| | | □ Y | es. Has yo | ur landlord obt | ained an eviction judg | ment against you? | | |
| | | | | No. Go to line | 12. | | | |
| | | | | Yes. Fill out <i>Ir</i> this bankrupto | | an Eviction Judgmen | nt Against You (Form 101A) and | d file it as part of |
| | | | | | | | | |

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| | | Document | raye 4 01 34 | |
|----------|-----------------|----------|------------------------|--|
| Debtor 1 | Susan L. Aversa | | Case number (if known) | |

| Par | Report About Any Bu | sinesses ` | You Own | as a Sole Proprie | tor | | |
|------|---|------------------------|---|--------------------------|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | iness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Sta | te & ZIP Code | | |
| | it to this petition. | | Checi | k the appropriate bo | x to describe your business: | | |
| | | | | Health Care Busir | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of hs, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B). | | | | |
| | For a definition of small | No. | I am r | not filing under Chap | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in Code. | | | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Part | 4: Report if You Own or | Have Any | Hazardo | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs | | If immed | liate attention is | | | |
| | immediate attention? | | needed, | why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |

Debtor 1 Susan L. Aversa Document Page 5 of 54 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 54 Case number (if known) Debtor 1 Susan L. Aversa Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100.001 - \$500.000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Susan L. Aversa Signature of Debtor 2 Susan L. Aversa Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on July 26, 2018

MM / DD / YYYY

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Debtor 1 Susan L. Aversa Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Matthew | w M. Brennan | Date | July 26, 2018 |
|-----------------|------------------------|---------------|---------------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| | 1. Brennan 90195 | | |
| Printed name | | | |
| Matthew N | /I Brennan | | |
| Firm name | | | |
| 6101 Penn | Ave. | | |
| Suite 201 | | | |
| Pittsburgh | n, PA 15206 | | |
| Number, Street, | City, State & ZIP Code | | |
| | | | attorneymatthewbrennan@gmail.co |
| Contact phone | 412-414-9366 | Email address | m |
| 90195 PA | | | |
| Bar number & St | tate | | |

| | | 17(1(1)11) | | |
|---------------------|--------------------------|--------------------|----------------|---------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Susan L. Aversa | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT C | F PENNSYLVANIA | |
| Case number | | | | |
| (if known) | | | | Check if this is ar |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets of what you own |
|-----|--|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 70,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 8,770.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 78,770.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 104,057.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 5,188.47 |
| | Your total liabilities | \$ | 109,245.47 |
| ⊃aı | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 7,761.57 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,170.00 |
| ⊃aı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your dahts are primarily consumer dahts. Consumer dahts are those "incurred by an individual primarily for | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Document

Debtor 1 Susan L. Aversa

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

11,597.69 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | im |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Case 1 | L8-22967-C | CMB Doc 1 | _ | | l 07/20 nent | | Ente <u>10 ae</u> | | | 18 16 | :18:3 | 4 C | Des | c Main | 1 |
|---------------|--|--------------------------------------|---|---|--------------|-------------------------|---|-------------------------|-------------------------|-----------------------|-----------------------|--------------------|----------|-------|-------------------------|----------------|
| Filli | in this informa | ation to identify | your case and th | | | пеш | Fal | ie IV | UI 34 | | | Ī | | | | |
| Deb | tor 1 | Susan L. Av | rersa | | | | | | | | | | | | | |
| | | First Name | Middle | Name | | | Last N | lame | | | | | | | | |
| | tor 2 ise, if filing) | First Name | Middle | Name | | | Last N | lame | | | | | | | | |
| Unit | ed States Bank | cruptcy Court for | the: WESTERN | DISTR | RICT | OF PE | NNSYLV | ANIA | | | | | | | | |
| Coo | o numbor | | | | | | | | | | | | | _ | . | |
| Cas | e number | | | | | | | | | | | | ا | | Check if the amended | |
| _ | | m 106A/E • A/B: P I | _ | | | | | | | | | | | | | 12/15 |
| hink nforr | it fits best. Be mation. If more s er every question | as complete and space is needed, on. | lescribe items. List accurate as possible attach a separate sleuilding, Land, or Ot | e. If two neet to t | o ma this | rried peo form. On | pple are fil the top o | ling toget f any add | her, botl litional p | n are eq ages, w | ually resp | onsible | for sup | plyin | g correct | - |
| | No. Go to Part 2 Yes. Where is t | | | | | | | | | | | | | | | |
| 1.1 | 2041 Fact L | lomestead St | | Wha | at is | the prope | erty? Chec | k all that ap | ply | | | | | | | |
| | | available, or other des | | Single-family home Duplex or multi-unit building Condominium or cooperative | | t | Do not deduct secured clair the amount of any secured Creditors Who Have Claims | | claim | claims on Schedule D: | | | | | | |
| | | | .= | |] M | anufactur | red or mob | ile home | | | Current va | alue of t | he | Cur | rent value | of the |
| | Pittsburgh City | PA State | 15212-0000 ZIP Code | | = | and vestment | proporty | | | (| ntire pro 1.2 | perty? 40,000 | 00 | port | ion you ov \$70 | vn? .000.00 |
| | Oity | Otate | Zii Gode | | _ | imeshare | property | | | - | - | | | | vnership ir | |
| | | | | | | ther | | | | (| | ee simp | le, tena | | y the entir | |
| | | | | Who | _ | an intere ebtor 1 on | est in the | property | ? Check o | 110 | rine estat Fenancy | • | | irety | , | |
| | Allegheny | | | | _ | ebtor 2 or | • | | | _ | | | | | | |
| | County | | | | _ | | nd Debtor | , | | | ¬ Checl | k if this | is comr | nunit | y property | |
| | | | | | er in | formation | e of the de n you wish ation num | h to add a | | s item, | ` | structions ocal | s) | | | |
| | | | | | | 's prim orhood | ary resi d. | idence, | value | based | on con | nparal | ble ho | mes | in the | |
| | | | | | | | | | | | | | | | | |
| | | | ortion you own fo | | | | s from P | art 1, in | cluding | any er | tries for | | | | \$70,00 | 0.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Official Form 106A/B Schedule A/B: Property page 2

■ No

☐ Yes. Describe.....

| 10. | Firearms Examples: Pistols, rifles | s, shotgur | ns, ammunition, and relate | ed equipment | | |
|-----|--|------------|---|--|--|--------------|
| | ■ No □ Yes. Describe | | | | | |
| 11. | Clothes | othes, fur | s, leather coats, designer | wear, shoes, accessories | | |
| | | | , work, casual clothes on: 2041 East Homes | s, and shoes. stead St., Pittsburgh PA 15212 | | \$400.00 |
| 12. | Jewelry Examples: Everyday jev □ No ■ Yes. Describe | welry, cos | stume jewelry, engageme | nt rings, wedding rings, heirloom jewelry, watch | es, gems, gold, silver | |
| | | | me jewelry. on: 2041 East Homes | stead St., Pittsburgh PA 15212 | | \$200.00 |
| 13. | Non-farm animals Examples: Dogs, cats, b No ☐ Yes. Describe | oirds, hor | ses | | | |
| | Any other personal and ■ No □ Yes. Give specific info | | - | llready list, including any health aids you did | not list | |
| 15 | | | | including any entries for pages you have at | tached \$3,90 | 0.00 |
| | rt 4: Describe Your Finance o you own or have any le | | | of the following? | Current value o portion you ow Do not deduct se claims or exemp | n? ecured |
| | Cash Examples: Money you h □ No ■ Yes | | · | in a safe deposit box, and on hand when you file | e your petition | |
| | | | | Cash o debtor. | | \$20.00 |
| | | | | certificates of deposit; shares in credit unions, the same institution, list each. | brokerage houses, and other simi | lar |
| | ■ Yes | | | Institution name: | | |
| | | 17.1. | Checking | PNC Bank Checking Account | | \$50.00 |
| | | 17.2. | Savings | Standard Bank Savings Account | | \$50.00 |
| | | | | | | |

Official Form 106A/B

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Case number (if known) Document

Debtor 1 Susan L. Aversa 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Official Form 106A/B Schedule A/B: Property page 4 Case 18-22967-CMB Doc 1 Filed 07/26/18 Entered 07/26/18 16:18:34 Desc Main Page 14 of 54 Document

| Debt | or 1 | Susan L. Aversa | Document | i age 14 or c | Case number (if known) | |
|--------------|-------------------------|--|------------------------------|------------------------|-----------------------------------|----------------------------|
| <i>E</i> | Examp No | support oles: Past due or lump sum alimony, sp Give specific information | ousal support, child suppo | rt, maintenance, di | ivorce settlement, property sett | lement |
| <i>E</i> | Examp No | amounts someone owes you oles: Unpaid wages, disability insurance benefits; unpaid loans you made t | | fits, sick pay, vaca | ation pay, workers' compensati | on, Social Security |
| Ц | Yes. | Give specific information | | | | |
| | | ts in insurance policies bles: Health, disability, or life insurance; | health savings account (H | HSA); credit, home | owner's, or renter's insurance | |
| _ | | Name the insurance company of each Company name: | | Benefi | iciary: | Surrender or refund value: |
| l S ■ | f you a someo No | erest in property that is due you from are the beneficiary of a living trust, expense has died. Give specific information | | | are currently entitled to receive | property because |
| 33. C | t laims Examp | against third parties, whether or no ples: Accidents, employment disputes, in Describe each claim | | | nd for payment | |
| _ | No | contingent and unliquidated claims of Describe each claim | of every nature, including | g counterclaims o | f the debtor and rights to set | off claims |
| | - | ancial assets you did not already lis | t | | | |
| | No Yes. | Give specific information | | | | |
| | | he dollar value of all of your entries art 4. Write that number here | | | - | \$120.00 |
| Part 5 | De: | scribe Any Business-Related Property Yo | u Own or Have an Interest I | n. List any real estat | te in Part 1. | |
| | No. Go | own or have any legal or equitable interes to Part 6. so to line 38. | t in any business-related pr | operty? | | |
| Part 6 | | scribe Any Farm- and Commercial Fishing ou own or have an interest in farmland, list it | | or Have an Interest | t In. | |
| į | No. | own or have any legal or equitable of Go to Part 7. Go to line 47. | interest in any farm- or c | ommercial fishinç | g-related property? | |
| Part 7 | 7: | Describe All Property You Own or Have | an Interest in That You Did | Not List Above | | |
| | | have other property of any kind you les: Season tickets, country club members | | | | |

☐ Yes. Give specific information.......

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Case number (if known) Document Debtor 1 Susan L. Aversa 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$70,000.00 Part 2: Total vehicles, line 5 \$4,750.00 Part 3: Total personal and household items, line 15 57. \$3,900.00 Part 4: Total financial assets, line 36 \$120.00 59. Part 5: Total business-related property, line 45 \$0.00

\$0.00

\$0.00

Copy personal property total

\$8,770.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

Part 7: Total other property not listed, line 54

61.

Part 6: Total farm- and fishing-related property, line 52

\$78,770.00

\$8,770.00

Official Form 106A/B Schedule A/B: Property page 6

| | I A A A A II I I | III FAUE 10 01 34 | |
|--------------------------|----------------------------|--|--|
| mation to identify your | case: | | |
| Susan L. Aversa | | | |
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| ankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| | | | |
| | | | ☐ Check if this is an amended filing |
| | Susan L. Aversa First Name | Susan L. Aversa First Name Middle Name First Name Middle Name | Susan L. Aversa First Name Middle Name Last Name First Name Middle Name Last Name |

Official Form 106C

Part 1. Identify the Preparty Vou Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | raite : Identify the Property Tou Claim as Exempt | | | | | | | | |
|----|---|---|---|---|------------------------------------|--|--|--|--|
| 1. | Which set of exemptions are you claiming? | ? Check one only, eve | n if yo | ur spouse is filing with you. | | | | | |
| | ☐ You are claiming state and federal nonbank | kruptcy exemptions. | 11 U.S | 5.C. § 522(b)(3) | | | | | |
| | ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption | | | | |
| | | Copy the value from Check only one box for each exemption. Schedule A/B | | | | | | | |
| | 2041 East Homestead St. Pittsburgh, PA 15212 Allegheny County | \$70,000.00 | | \$23,675.00 | 11 U.S.C. § 522(d)(1) | | | | |
| | Debtor's primary residence, value based on comparable homes in the neighborhood. Line from Schedule A/B: 1.1 |] | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2011 Subaru Legacy 50000 miles \$4,750.00 | | \$0.00 | | 11 U.S.C. § 522(d)(2) | | | | |
| | Location: 2041 East Homestead St., Pittsburgh PA 15212 Line from Schedule A/B: 3.1 | | 100% of fair market value, up tany applicable statutory limit | | | | | | |
| | Furniture, appliances, and household goods. | \$2,500.00 | | \$2,500.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Location: 2041 East Homestead St., Pittsburgh PA 15212 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | TV, computer, cell phone. | \$800.00 | | \$800.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Location: 2041 East Homestead St., Pittsburgh PA 15212 | | | 100% of fair market value, up to | | | | | |

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
|----|---|--------------------------------------|----------|---|------------------------------------|--|
| | | Copy the value from Schedule A/B | Che | | | |
| | Dress, work, casual clothes, and shoes. | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(3) | |
| | Location: 2041 East Homestead St., Pittsburgh PA 15212 Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Costume jewelry. Location: 2041 East Homestead St., | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(4) | |
| | Pittsburgh PA 15212 Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Cash on debtor. Line from Schedule A/B: 16.1 | \$20.00 | | \$20.00 | 11 U.S.C. § 522(d)(5) | |
| | Elle Holli Genedale 74 B. 1011 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Checking: PNC Bank Checking | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(5) | |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Savings: Standard Bank Savings | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(5) | |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustme | nt.) | |
| | | rad by the avamption w | :th:n 1 | 245 days before you filed this sees | 2 | |
| | Yes. Did you acquire the property cover No | red by the exemption w | iuiiii T | ,215 days before you filed this case | | |
| | ☐ Yes | | | | | |
| | | | | | | |

| | | <u>Document Page</u> | <u> 9 18 of 54</u> | | |
|---|--------------------------------|---|--|--|-------------------|
| Fill in this inform | ation to identify you | r case: | | | |
| Debtor 1 | Susan L. Aversa | | | | |
| | First Name | Middle Name Last Nar | me | - | |
| Debtor 2 | | | | _ | |
| (Spouse if, filing) | First Name | Middle Name Last Nar | me | | |
| United States Ban | kruptcy Court for the: | WESTERN DISTRICT OF PENNSYLV | ANIA | | |
| 0 | | | | - | |
| Case number | | | | ☐ Check | if this is an |
| | | | | _ | ded filing |
| | | | | | · · |
| Official Form | <u> 106D</u> | | | | |
| Schedule I | D: Creditors | Who Have Claims Secu | red by Propert | :y | 12/15 |
| is needed, copy the number (if known). | Additional Page, fill it o | f two married people are filing together, both a out, number the entries, and attach it to this fo | | | |
| _ | have claims secured by | | | | |
| | | nis form to the court with your other schedul | es. You have nothing else | to report on this form. | |
| Yes. Fill in | all of the information b | pelow. | | | |
| Part 1: List All | Secured Claims | | | | |
| | | nore than one secured claim, list the creditor sepa | | Column B | Column C |
| | | a particular claim, list the other creditors in Part 2 cal order according to the creditor's name. | P. As Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | · | · · | value of collateral. | claim | if any |
| 2.1 Ally Finand | | Describe the property that secures the claim | : \$15,324.00 | \$9,500.00 | \$5,824.00 |
| Creditor's Name | | 2011 Subaru Legacy 50000 miles Location: 2041 East Homestead St. | | | |
| Atta Daul | | Pittsburgh PA 15212 | " | | |
| Po Box 38 | ruptcy Dept | As of the date you file, the claim is: Check all the | nat | | |
| | on, MN 55438 | apply. | | | |
| | City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | |
| rumber, otreet, | Oity, Otate & Zip Oode | ☐ Disputed | | | |
| Who owes the del | bt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage | or secured | | |
| Debtor 2 only | | car loan) | | | |
| ☐ Debtor 1 and Del | btor 2 only | ☐ Statutory lien (such as tax lien, mechanic's li | en) | | |
| At least one of th | e debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this cla | | Other (including a right to offset) | ase Money Security | | |
| | Opened 07/16 Last Active | | | | |
| Date debt was incu | | Last 4 digits of account number 1 | 183 | | |
| 2.2 Seterus, Ir | nc. | Describe the property that secures the claim | : \$88,733.00 | \$140,000.00 | \$0.00 |
| Creditor's Name | | 2041 East Homestead St. | | | |
| | | Pittsburgh, PA 15212 Allegheny | | | |
| | | County | | | |
| | | Debtor's primary residence, value based on comparable homes in the | <u>.</u> | | |
| Attn. Donl | rumto. | neighborhood. | | | |
| Attn: Bank Po Box 10 | | As of the date you file, the claim is: Check all the | hat | | |
| Hartford, C | | apply. Contingent | | | |
| | City, State & Zip Code | ☐ Unliquidated | | | |
| | • | ☐ Disputed | | | |
| Who owes the del | bt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage | or secured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Del | btor 2 only | ☐ Statutory lien (such as tax lien, mechanic's li | en) | | |

Official Form 106D

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| Debtor 1 Su | san L. Aversa | | | | number (if know) | |
|---------------|--|-------------|---|----------------|------------------------------|--|
| First | Name | Middle Name | Last Name | <u> </u> | | |
| _ | of the debtors and a s claim relates to a r debt | _ | gment lien from a lawsuit er (including a right to offset) | First Mortgage | | |
| Date debt was | Opene 12/04 Active incurred 1/05/18 | Last | _ast 4 digits of account nun | nber 1536 | | |
| | ast page of your for | | on this page. Write that nur r value totals from all pages | | \$104,057.00 \$104,057.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 16 22307 CIVID | Document Document | Page 2 | 0 of 54 | Desc Main |
|----------------------|--|--|----------------------|---|-----------------------------|
| Fill in t | his information to identify your | | | | |
| Debtor | 1 Susan L. Aversa | | | | |
| Dobioi | First Name | Middle Name | Last Name | | |
| Debtor | | | | | |
| (Spouse in | f, filing) First Name | Middle Name | Last Name | | |
| United | States Bankruptcy Court for the: | WESTERN DISTRICT OF P | ENNSYLVANIA | <u>. </u> | |
| Case n | umher | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| ⊃ffi⇔i∗ | al Form 106E/F | | | | |
| | dule E/F: Creditors W | /ha Haya Uncasura | d Claims | | 12/15 |
| | | | | Part 2 for creditors with NONPRIORITY c | |
| chedule eft. Atta | e D: Creditors Who Have Claims Sec ch the Continuation Page to this pa d case number (if known). | cured by Property. If more space ge. If you have no information to | is needed, copy t | any creditors with partially secured clair the Part you need, fill it out, number the o do not file that Part. On the top of any ad | entries in the boxes on the |
| Part 1: | | | | | |
| _ | any creditors have priority unsecure | ed claims against you? | | | |
| | No. Go to Part 2. | | | | |
| | | | | | |
| Part 2: | | | | | |
| | any creditors have nonpriority unse | <u> </u> | | | |
| | No. You have nothing to report in this p | part. Submit this form to the court w | ith your other sche | edules. | |
| | Yes. | | | | |
| unse | ecured claim, list the creditor separated one creditor holds a particular claim, | y for each claim. For each claim list | ted, identify what t | holds each claim. If a creditor has more t ype of claim it is. Do not list claims already three nonpriority unsecured claims fill out the | included in Part 1. If more |
| | | | | | Total claim |
| 4.1 | First Premier Bank | Last 4 digits of a | ccount number | 1332 | \$480.00 |
| | Nonpriority Creditor's Name | | | Opened 07/45 Leet Active | |
| | Po Box 5524 | When was the de | ebt incurred? | Opened 07/15 Last Active 11/05/15 | |
| | Sioux Falls, SD 57117 | | | | _ |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | <u> </u> | ou file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and an | | ORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a com | munity | | | |
| | debt Is the claim subject to offset? | | | ration agreement or divorce that you did no | t |
| | ■ No | | | g plans, and other similar debts | |
| | Yes | • | • | consumer purchases. | |
| | — 163 | Otner. Specify | J. Jan. Jan. | . Jonathor parollages. | |

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| Debte | Susan L. Aversa | | Case number (if know) | |
|-------|---|--|---|----------|
| 4.2 | LVNV Funding/Resurgent Capital | Last 4 digits of account number | 4522 | \$444.00 |
| | Nonpriority Creditor's Name Po Box 10497 | When was the debt incurred? | Opened 11/17 | |
| | Greenville, SC 29603 Number Street City State Zlp Code | As of the date you file, the claim | <u> </u> | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | g plans, and other similar debts | |
| | Yes | | Company Account Capital One umer purchases. | |
| 4.3 | Midland Funding | Last 4 digits of account number | 9918 | \$414.00 |
| | Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | Opened 08/13 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | , | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Factoring (purchases. | Company Account Webbank, | |
| 4.4 | Radiant Cash | Last 4 digits of account number | | \$735.40 |
| | Nonpriority Creditor's Name PO Box 1183 | When was the debt incurred? | 2018 | |
| | Lac Du Flambeau, WI 54538 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | _ | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ At least one of the debtors and another | Student loans | u Ciaiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | on plans, and other similar debts | |
| | ■ No | | | |
| | ⊔ res | Other. Specify Pay day, sl | iort-term ioan. | |

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Case number (if know)

| Debtor | Susan L. Aversa | ———————— | Case | number (if know) | |
|--------------------|--|---|-------------------|--|-------------------------|
| 4.5 | Synchrony Bank/Care Credit | Last 4 digits of account number | er 2958 | | \$2,135.07 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965061 | When was the debt incurred? | 2013 | 3 | |
| | Orlando, FL 32896 | | | | |
| - | Number Street City State Zlp Code | As of the date you file, the clair | m is: Checl | k all that apply | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | paration aç | greement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | ☐ Debts to pension or profit-sha | ring plans, | and other similar debts | |
| | Yes | Other. Specify Consume | r purch | ases. | |
| 4.6 | Zoca Loans | Last 4 digits of account number | er | | \$980.00 |
| | Nonpriority Creditor's Name | | | | 4000.00 |
| | PO Box 1147 | When was the debt incurred? | 2018 | 3 | |
| | 27565 Research Park Dr. | | | | |
| | Mission, SD 57555 Number Street City State Zlp Code | As of the date you file, the clair | m is: Chec | k all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | II IS. Officer | in an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | <u> </u> | | | |
| | _ | ☐ Disputed Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debtors and another | Student loans | rea ciaiiii. | | |
| | ☐ Check if this claim is for a community debt | _ | norotion o | are amont or diverse that you did not | |
| | Is the claim subject to offset? | report as priority claims | paration ag | greement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sha | iring plans, | and other similar debts | |
| | Yes | ■ Other Specify Pay day, | short-te | rm Ioan. | |
| | = | | | | |
| Part 3: | List Others to Be Notified About a D | • | | | |
| is tryir have n | is page only if you have others to be notified ng to collect from you for a debt you owe to: nore than one creditor for any of the debts the d for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor hat you listed in Parts 1 or 2, list the ac | in Parts 1 | or 2, then list the collection agency h | here. Similarly, if you |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did y | ou list the c | original creditor? | |
| | lasenmiller Liebsker & Moore | Line 4.5 of (Check one): | □ Part 1: | Creditors with Priority Unsecured Claims | S |
| | Market Street, Suite 501 | | Part 2: | Creditors with Nonpriority Unsecured Cl | laims |
| Philad | elphia, PA 19103 | Last 4 digits of account number | | | |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did y | ou list the c | original creditor? | |
| | son Capital Systems, LLC | Line 4.1 of (Check one): | | Creditors with Priority Unsecured Claims | S |
| | Leland Road | | Part 2: | Creditors with Nonpriority Unsecured Cl | laims |
| Saint (| Cloud, MN 56303 | Last 4 digits of account number | | 082 | |
| Part 4: | Add the Amounts for Each Type of U | Insecured Claim | | | |
| | the amounts of certain types of unsecured c | | l reporting | purposes only, 28 U.S.C. 8159. Add | the amounts for each |
| | f unsecured claim. | | . , ••• 19 | | |
| | 6a. Domestic support obligatio | ne | 6a. | Total Claim | |
| | 6a. Domestic support obligatio otal sims | 113 | oa. | \$ | |

Debtor 1 Susan L. Aversa from Part 1 Taxes and certain other debts you owe the government 6b. 6b. \$ 0.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f. Student loans 6f. 0.00 Total claims Obligations arising out of a separation agreement or divorce that from Part 2 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 5,188.47 Total Nonpriority. Add lines 6f through 6i. 6j. 5,188.47 6j.

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------------|-----------------------|
| Debtor 1 | Susan L. Aversa | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF PENNSYLVANIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | | | | | |

| | | Document | Page 25 of 54 | |
|----------------|---|--|--|--|
| Fill in th | is information to identify your | case: | | |
| Debtor 1 | Susan L. Aversa | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, | filing) First Name | Middle Name | Last Name | |
| United S | tates Bankruptcy Court for the: | WESTERN DISTRICT OF PE | NNSYLVANIA | |
| Case nu | mber | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Officia | al Form 106H | | | |
| | | obtoro | | 40/45 |
| Sche | dule H: Your Code | entors | | 12/15 |
| people a | re filing together, both are equa | ally responsible for supplying boxes on the left. Attach the A | u may have. Be as complete and acc correct information. If more space i Additional Page to this page. On the | s needed, copy the Additional Page, |
| 1. D | o you have any codebtors? (If y | ou are filing a joint case, do not | list either spouse as a codebtor. | |
| ПΝ | 0 | | | |
| _ · · | | | | |
| Arizo | ona, California, Idaho, Louisiana, | | y state or territory? (Community propico, Texas, Washington, and Wisconsi | |
| _ | o. Go to line 3. | | | |
| Ц Ү | es. Did your spouse, former spou | ise, or legal equivalent live with y | you at the time? | |
| in liı Forr | ne 2 again as a codebtor only if | that person is a guarantor or | cosigner. Make sure you have listed | ling with you. List the person shown d the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZII | P Code | | creditor to whom you owe the debt dules that apply: |
| | | | 553 4 001100 | |
| 3.1 | Richard Aversa | | = | |
| 3.1 | 2041 East Homestead | | |), line <u>2.2</u> |
| | Pittsburgh, PA 15212 | | ☐ Schedule E ☐ Schedule G | |
| | | | Seterus, Inc. | · |
| | | | | |
| | | | | |
| 3.2 | Richard Aversa | | ■ Schedule D | |
| | 2041 East Homestead St. Pittsburgh, PA 15212 | | ☐ Schedule E | |
| | i masurgii, FA 13212 | | ☐ Schedule G | |
| | | | Ally Financia | |

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| | in this information to identify your optor 1 Susan L. Av | | | | | | | | | |
|-------------|--|--|----------|--|-----------|-------|-----------------------|---|----------------------------|-------|
| | otor 2 | | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | e: WESTERN DISTRICT | OF PE | NNSYLVANIA | L | _ | | | | |
| | se number | | | | | | | ed filing ent show | ing postpetition chap | oter |
| 0 | fficial Form 106I | | | | | | MM / DD/ ` | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. t1: Describe Employment | ur spouse is not filing wi On the top of any additi | th you, | do not includ | le infori | matic | on about your sp | ouse. If r | more space is need | ed, |
| 1. | Fill in your employment information. | | Debto | or 1 | | | Debtor | 2 or non | -filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | _ | nployed ot employed | | | _ ` | ■ Employed □ Not employed Stage Technician | | |
| | employers. | Occupation | Insu | rance Agent | | | Stage ' | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Celik | Celik Insurance | | | | Pittsburgh Symphony | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 2407 | Seth Celik Mt. Troy Ro burgh, PA 1 | | | | nn Avei irgh, P <i>A</i> | | |
| | | How long employed to | here? | 8 years | | | | 30 years | 5 | |
| Esti | mate monthly income as of the c | | you have | e nothing to re | port for | any I | ine, write \$0 in the | e space. I | nclude your non-filin | g |
| If yo | use unless you are separated. u or your non-filing spouse have me space, attach a separate sheet to | | ombine t | he information | for all e | emplo | oyers for that perso | on on the | lines below. If you n | ieed |
| | o opaso, anaon a separate sneet ti | , (110 101111. | | | | | For Debtor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$ | 3,211.00 | \$ | 7,732.16 | |
| 3. | Estimate and list monthly over | time pay. | | | 3. | +\$ | 0.00 | +\$ | 0.00 | |

3,211.00

7,732.16

4. Calculate gross Income. Add line 2 + line 3.

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| Debt | tor 1 | Susan L. Aversa | - | С | ase ı | number (if known) | | | | |
|------|----------------------------|---|----------|----------|-----------|---------------------------------------|-------------------|------------------------|----------------------------|--------------------|
| | | | | | | Debtor 1 | no | r Debtor n-filing s | | |
| | Cop | by line 4 here | 4. | | \$_ | 3,211.00 | \$_ | 7 | ,732.16 | <u>5</u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 620.69 | \$ | 1 | ,699.08 | 3 |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ | 0.00 | \$ | | 0.00 |) |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ | 0.00 | \$_ | | 0.00 | _ |
| | 5e. | Insurance | 5e | | \$ | 0.00 | \$_ | | 535.17 | _ |
| | 5f. 5g. | Domestic support obligations Union dues | 5f. | | \$_ \$ | 0.00 | \$ \$ | | 0.00 | |
| | 5y. 5h. | Other deductions. Specify: | 5g 5h | | \$ — | 0.00 | + \$ ⁻ | | 326.65 0.00 | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | * — B | 620.69 | \$ | 2 | ,560.90 | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | - B | 2,590.31 | \$ | | , <u>500.50</u> ,171.26 | _ |
| | | | | | _ | 2,390.31 | Ψ_ | | , 17 1.20 | _ |
| 8. | 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | 1. | \$ | 0.00 | \$ | | 0.00 | 1 |
| | 8b. | Interest and dividends | 8b | | <u> </u> | 0.00 | \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | : | \$ | 0.00 | \$ | | 0.00 | |
| | 8d. | | 8d | | \$- | 0.00 | \$ | | 0.00 | |
| | 8e. | Social Security | 8e |). | \$ | 0.00 | \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | 0.00 | \$_ | | 0.00 | _ |
| | 8g. | Pension or retirement income | 8g | , | \$ | 0.00 | \$_ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ | \$ | 0.00 | + | | 0.00 | <u>)</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | \$_ | | 0.0 | 00 |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | • | 2,590.31 + \$ | 5 | ,171.26 | = \$ | 7,761.57 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | *- | | | | ,171.20 | | 1,101.01 |
| 11. | Star Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify: | depe | | , | | , | Schedule | e <i>J</i> . +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | e. 12. | \$ | 7,761.57 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | Comb | ined ily income |
| | | No | | | | | | | | |
| | | Vos Explain: | _ | _ | _ | · · · · · · · · · · · · · · · · · · · | | | | |

| Fill | in this information to identify your case: | | I | | |
|------------|---|-----------------------------|--------------|--|---|
| Deb | otor 1 Susan L. Aversa | | Che | eck if this is: | |
| | | | | An amended filing | |
| | otor 2 ouse, if filing) | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| ` . | | DENINOVA VANUA | | | |
| Unit | ted States Bankruptcy Court for the: WESTERN DISTRICT OF I | PENNSYLVANIA | | MM / DD / YYYY | |
| 1 | se numberknown) | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/15 |
| info | as complete and accurate as possible. If two married peo ormation. If more space is needed, attach another sheet t mber (if known). Answer every question. | | | | |
| Par | Tt 1: Describe Your Household Is this a joint case? | | | | |
| ١. | No. Go to line 2. | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Exp | penses for Separate House | ehold of Del | btor 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information each dependent | • | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □No |
| | dependents names. | Son | | 10 | Yes |
| | | Daughter | | 15 | □ No ■ |
| | | Daugittei | | | ■ Yes □ No |
| | | Son | | 18 | ■ Yes |
| | | | | | □No |
| 0 | Barrara amana di salada | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No ☐ Yes | | | | |
| Est exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date ur penses as of a date after the bankruptcy is filed. If this is a plicable date. | | | | |
| the | clude expenses paid for with non-cash government assist e value of such assistance and have included it on <i>Sched</i> efficial Form 106I.) | | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence payments and any rent for the ground or lot. | ence. Include first mortgag | je 4. | \$ | 0.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | · | 150.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such | as home equity loans | 4d. 5. | | 0.00 |

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| ebtor 1 | Susan L. Aversa | Case num | ber (if known) | |
|----------------------|---|----------------------|----------------|-------------------------|
| l Itil | ities: | | | |
| . Util 6a. | Electricity, heat, natural gas | 6a. | \$ | 350.00 |
| 6b. | Water, sewer, garbage collection | 6b. | | 120.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · — | 550.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| | d and housekeeping supplies | 7. | \$ | 1,600.00 |
| | Idcare and children's education costs | 8. | \$ | 0.00 |
| | thing, laundry, and dry cleaning | 9. | \$ | 250.00 |
| | sonal care products and services | 9. 10. | \$ | |
| | dical and dental expenses | 10. | \$ | 400.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | 11. | Ψ | 50.00 |
| | not include car payments. | 12. | \$ | 500.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 400.00 |
| | ritable contributions and religious donations | 14. | \$ | 0.00 |
| | urance. | | • | |
| Do | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a | . Life insurance | 15a. | \$ | 0.00 |
| 15b | . Health insurance | 15b. | \$ | 0.00 |
| 15c | . Vehicle insurance | 15c. | \$ | 600.00 |
| 15d | . Other insurance. Specify: | 15d. | \$ | 0.00 |
| Tax | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spe | cify: | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| 17a | . Car payments for Vehicle 1 | 17a. | · | 0.00 |
| | . Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | Other. Specify: Non-filing husband's credit cards | 17c. | · | 200.00 |
| | . Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report a | | ¢ | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I |). ^{18.} | · · | |
| | er payments you make to support others who do not live with you. | 40 | \$ | 0.00 |
| | cify: | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sc. Mortgages on other property | neauie i: 40 20a. | | 0.00 |
| | | 20a. 20b. | · | |
| | Real estate taxes | | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | . Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | . Homeowner's association or condominium dues | 20e. | | 0.00 |
| . Oth | er: Specify: | 21. | +\$ | 0.00 |
| . Cal | culate your monthly expenses | | | |
| | . Add lines 4 through 21. | | \$ | 5,170.00 |
| | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | |
| | . Add line 22a and 22b. The result is your monthly expenses. | | \$ | 5,170.00 |
| 220 | . Add the 22d and 22b. The result is your monthly expenses. | | | 3,170.00 |
| | culate your monthly net income. | | | |
| 23a | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 7,761.57 |
| 23b | . Copy your monthly expenses from line 22c above. | 23b. | -\$ | 5,170.00 |
| | | | | |
| 23c | . Subtract your monthly expenses from your monthly income. | 00- | l _e | 2,591.57 |
| | The result is your monthly net income. | 23c. | \$ | 2,391.37 |
| For | you expect an increase or decrease in your expenses within the year after example, do you expect to finish paying for your car loan within the year or do you expect you ification to the terms of your mortgage? | | | e or decrease because o |
| | | | | |
| 11, | res Explainnele. | | | |

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| Debtor 1 | Susan L. Aversa | M: 1 II M | | | |
|--|--|---|--|--|---|
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | m 106Dec | | | | |
| | | an Individua | l Debtor's Sche | dules | 12/15 |
| f two married p | eople are filing together | r hoth are equally respe | : | .faumatian | |
| | | i, both are equally respi | onsible for supplying correct if | normation. | |
| | 3 | i, both are equally respi | onsible for supplying correct if | normation. | |
| ou must file th | | | onsible for supplying correct in s or amended schedules. Maki | | concealing property, or |
| | is form whenever you fi | ile bankruptcy schedule | es or amended schedules. Maki | ng a false statement, | |
| btaining mone | is form whenever you fi | ile bankruptcy schedule n connection with a bar | | ng a false statement, | |
| btaining mone | is form whenever you fi y or property by fraud in | ile bankruptcy schedule n connection with a bar | es or amended schedules. Maki | ng a false statement, | |
| obtaining mone rears, or both. | is form whenever you fi y or property by fraud in | ile bankruptcy schedule n connection with a bar | es or amended schedules. Maki | ng a false statement, | |
| obtaining mone years, or both. | is form whenever you fi y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Maki | ing a false statement, s up to \$250,000, or in | |
| obtaining mone years, or both. | is form whenever you fi y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Maki kruptcy case can result in fine | ing a false statement, s up to \$250,000, or in | |
| Did you p | is form whenever you fi y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Maki kruptcy case can result in fine | ing a false statement, s up to \$250,000, or in up to \$250,000 price in up to \$ | nprisonment for up to 20 Petition Preparer's Notice, |
| Did you p | nis form whenever you fi ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Maki kruptcy case can result in fine | ing a false statement, s up to \$250,000, or in up to \$250,000 price in up to \$ | nprisonment for up to 20 |
| Did you po | is form whenever you file or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Maki akruptcy case can result in fine orney to help you fill out bankru | ng a false statement, s up to \$250,000, or in upto process and the statement process and the statement process are statement, and Statement process are statement process. | nprisonment for up to 20 Petition Preparer's Notice, |
| Did you pool Yes. | is form whenever you file or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Maki kruptcy case can result in fine | ng a false statement, s up to \$250,000, or in upto process and the statement process and the statement process are statement, and Statement process are statement process. | nprisonment for up to 20 Petition Preparer's Notice, |
| Did you pool of Yes. Under penthat they a | is form whenever you file yor property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some Name of person | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Maki akruptcy case can result in fine orney to help you fill out bankru | ng a false statement, s up to \$250,000, or in upto process and the statement process and the statement process are statement, and Statement process are statement process. | nprisonment for up to 20 Petition Preparer's Notice, |
| Did you pool of Yes. Under penthat they a | is form whenever you file yor property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some Name of person alty of perjury, I declare re true and correct. | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Makinkruptcy case can result in fine | ng a false statement, s up to \$250,000, or in up to \$250,000 print up to | nprisonment for up to 20 Petition Preparer's Notice, |
| Did you pool of Yes. Under penthat they a X /s/ Su Susar | is form whenever you file yor property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some Name of person alty of perjury, I declare re true and correct. san L. Aversa | ile bankruptcy schedule n connection with a bar 1519, and 3571. | es or amended schedules. Makinkruptcy case can result in fine or service or s | ng a false statement, s up to \$250,000, or in up to \$250,000 print up to | nprisonment for up to 20 Petition Preparer's Notice, |

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| | | nation to identify you | | | | |
|--------------------|---|--|---|---|--|---|
| Deb | otor 1 | Susan L. Aversa | Middle Name | Last Name | | |
| | otor 2 | First Name | Middle Name | Last Name | | |
| | | nkruptcy Court for the: | WESTERN DISTRICT OF | F PENNSYLVANIA | | |
| | | | | | | |
| l | se number | | | | _ | Check if this is an mended filing |
| Of | ficial Fo | rm 107 | | | | |
| | | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/10 |
| info | rmation. If m | | attach a separate sheet to | | equally responsible for sup additional pages, write you | |
| Par | t 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | ■ Married□ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | t 2 Explai | n the Sources of You | r Income | , | | |
| 4. | Fill in the tota | l amount of income yo | nployment or from operatin u received from all jobs and a have income that you receiv | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$22,681.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Document

Debtor 1 Susan L. Aversa

| | | | | Debtor 1 | | | | | ebtor 2 | | |
|----|---|--|---|--|---|-------------------------------|--|------------------------------|----------------------------------|---------------------------|---|
| | | | | | of income I that apply. | (be | oss income fore deductions and lusions) | | ources of ind neck all that a | | Gross income (before deductions and exclusions) |
| | r last caler inuary 1 to | dar year: December | 31, 2017) | ■ Wage bonuses | es, commissions, , tips | | \$36,024.00 | | l Wages, con onuses, tips | nmissions, | |
| | | | | ☐ Opera | ating a business | | | | Operating a | business | |
| | | dar year be December | | ■ Wage | es, commissions, , tips | | \$32,296.00 | _ | Wages, con | nmissions, | |
| | | | | ☐ Opera | ating a business | | | | Operating a | business | |
| 5. | Include in and other winnings. List each | come regard public bene If you are fil | dless of whe fit payments ing a joint cathe gross ind | ther that income, pensions; ase and you | ome is taxable. Exa rental income; inter have income that y | amples rest; di you red | ous calendar years of other income are vidends; money colle eived together, list it o not include income | alimo ected f t only o | rom lawsuits; once under D | royalties; an ebtor 1. | ecurity, unemployment, d gambling and lottery |
| | | | | Debtor 1 | | | | D | ebtor 2 | | |
| | | | | | of income below. | eac (be | ess income from h source fore deductions and lusions) | S | ources of inc escribe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | vments Yo | u Made Bef | ore You Filed for | Bankr | untcv | | | | |
| 6. | Are eithe ☐ No. | Neither Deindividual During the | ebtor 1 nor primarily for 90 days be | Debtor 2 has a personal, fore you filed | family, or househo | ımer d ld purp | ebts. Consumer del | | | _ | 1(8) as "incurred by an |
| | | No. Yes | paid that on | each credit creditor. Do le payments | not include paymer to an attorney for tl | nts for o | | ligation | ns, such as cl | nild support a | ind alimony. Also, do |
| | Yes. | | | | re primarily cons u d for bankruptcy, di | | ebts. Day any creditor a to | tal of \$ | 600 or more | ? | |
| | | □ _{No.} | Go to line | 7. | | | | | | | |
| | | ■ Yes | include pa | | domestic support o | | al of \$600 or more a ons, such as child su | | | | t creditor. Do not include payments to an |
| | Creditor | s Name an | d Address | | Dates of payme | ent | Total amount paid | A | mount you still owe | Was this | payment for |
| | Po Box | ankruptcy | - | | 6/15/18 \$693.0 6/25/18 \$350.0 7/11/18- \$400. | 0, | \$1,443.00 | \$ | 15,324.00 | ☐ Mortga | Card |

□ Other

Page 33 of 54 Document ase number (*if known*) Debtor 1 Susan L. Aversa Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο ☐ Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment Total amount Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number **Federal National Mortgage Foreclosure** Allegheny Court of Pending Association (Fannie Mae) vs. Common Pleas □ On appeal 437 Grant Street #300 Richard Aversa and Susan Aversa. □ Concluded MG-18-000418 Pittsburgh, PA 15219 Portfolio Recovery Associates LI Civil Allegheny Court of □ Pending **vs SUSAN AVERSA** Common Pleas □ On appeal AR14004539 437 Grant Street #300 Concluded AR-14-004539 Pittsburgh, PA 15219 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** property **Explain** what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes

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Case number (if known)

Debtor 1 Susan L. Aversa

| Pa | rt 5: List Certain Gifts and Contributions | | | | | | | | | |
|-----|---|---|--|--------------------------|--|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value | | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | |
| 14. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift or contri | cy, did you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? | | | | | | |
| | Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Dates you contributed | Value | | | | | | |
| Pa | rt 6: List Certain Losses | | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptc or gambling? No Yes. Fill in the details. | y or since you filed for bankruptcy, did you lose anyt | hing because of thef | t, fire, other disaster, | | | | | | |
| | Describe the property you lost and how the loss occurred | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | | | |
| Pa | rt 7: List Certain Payments or Transfers | | | | | | | | | |
| 16. | consulted about seeking bankruptcy or prel Include any attorneys, bankruptcy petition prep | y, did you or anyone else acting on your behalf pay of paring a bankruptcy petition? parers, or credit counseling agencies for services required | | rty to anyone you | | | | | | |
| | Yes. Fill in the details. Person Who Was Paid | Description and value of any property | Date payment | Amount of | | | | | | |
| | Address Email or website address Person Who Made the Payment, if Not You | transferred | or transfer was | payment | | | | | | |
| | Matthew M Brennan 6101 Penn Ave. Suite 201 Pittsburgh, PA 15206 attorneymatthewbrennan@gmail.com | \$4,000.00 legal fee and \$500.00 in filing fees and court costs. \$1,500.00 paid before filing as retainer, with \$1,000.00 going towards legal fees, and \$500.00 going towards filing fee and costs. Remaining \$3,000.00 in "no-look" attorney fees will be paid through the Chapter 13 plan. | 6/14/18- \$750.00, 7/26/18- \$750.00. | \$3,000.00 | | | | | | |
| 17. | promised to help you deal with your credito Do not include any payment or transfer that you | | or transfer any prope | rty to anyone who | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | | |
| | | | | | | | | | | |

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Debtor 1 Susan L. Aversa

| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details. | ousiness or financial affa ade as security (such as t | nirs? he granting of a se | | | |
|-----|---|---|------------------------------|--|----------------|---|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transfer | | Describe any prope payments received paid in exchange | | Date transfer was nade |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details. | | y property to a se | elf-settled trust or sim | ilar device of | which you are a |
| | Name of trust | Description and v | alue of the prope | rty transferred | | Date Transfer was |
| | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, asso No | ry, were any financial ac or other financial accou | counts or instrun | nents held in your nan | • | , |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | t or Date accoun closed, sold moved, or transferred | | Last balance before closing or transfer |
| 21. | cash, or other valuables? ■ No □ Yes. Fill in the details. | | | · | ther deposito | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | escribe the contents | | Do you still have it? |
| 22. | Have you stored property in a storage unit o ■ No □ Yes. Fill in the details. Name of Storage Facility | or place other than your | | ear before you filed for | r bankruptcy? | Do you still |
| | Address (Number, Street, City, State and ZIP Code) | to it? Address (Number, S State and ZIP Code) | | rescribe the contents | | have it? |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. No Yes. Fill in the details. | meone else owns? Inclu | ude any property | you borrowed from, a | re storing for | , or hold in trust |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the property | | Value |
| | t 10: Give Details About Environmental Info | ormation | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Susan L. Aversa

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | naz | ardous material, pollutant, contaminant, | or s | milar term. | | | |
|-----|---|--|--------|--|-------|--|--------------------|
| Rep | ort a | III notices, releases, and proceedings that | at yo | u know about, regardless of wher | n the | ey occurred. | |
| 24. | Has | any governmental unit notified you that | you | may be liable or potentially liable | unc | der or in violation of an environme | ental law? |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | | | Environmental law, if you know it | Date of notice |
| 25. | Hav | re you notified any governmental unit of | any ı | release of hazardous material? | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 26. | Hav | re you been a party in any judicial or adn | ninis | trative proceeding under any envi | ironr | mental law? Include settlements a | nd orders. |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | Case Title Case Number | | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case |
| Par | t 11: | Give Details About Your Business or 0 | Conn | ections to Any Business | | | |
| 27. | Wit | — hin 4 years before you filed for bankrupte | cv. d | id vou own a business or have ar | ıv of | the following connections to any | business? |
| | | ☐ A sole proprietor or self-employed in | • | • | • | | |
| | | ☐ A member of a limited liability comp | any (| (LLC) or limited liability partnersh | ip (L | LLP) | |
| | | ☐ A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing exe | ecuti | ve of a corporation | | | |
| | | ☐ An owner of at least 5% of the voting | g or e | equity securities of a corporation | | | |
| | | No. None of the above applies. Go to P | art 1 | 2. | | | |
| | | Yes. Check all that apply above and fill | in th | e details below for each business | s. | | |
| | | siness Name dress | Des | cribe the nature of the business | | Employer Identification number Do not include Social Security I | |
| | | mber, Street, City, State and ZIP Code) | Nar | ne of accountant or bookkeeper | | Dates business existed | |
| | | hin 2 years before you filed for bankrupt citutions, creditors, or other parties. | cy, d | id you give a financial statement | to ar | | de all financial |
| | | No | | | | | |
| | Yes. Fill in the details below. | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | |
| _ | | - | | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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Case number (if known) Debtor 1 Susan L. Aversa

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Susan L. Aversa | |
|-----------------------------|---|
| Susan L. Aversa | Signature of Debtor 2 |
| Signature of Debtor 1 | |
| Date July 26, 2018 | Date |
| Did you attach additional լ | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | |
| ☐ Yes | |
| Did you pay or agree to pa | y someone who is not an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| ☐ Yes. Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this information to identify your case: | | | | |
|---|--|--|--|--|
| Debtor 1 | Susan L. Aversa | | | |
| Debtor 2 (Spouse, if filing) | | | | |
| United States B | eankruptcy Court for the: Western District of Pennsylvania | | | |
| Case number (if known) | | | | |

| Check as directed in lines 17 and 21: | | | | | |
|---|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| ☐ 3. The commitment period is 3 years. | | | | | |
| 4. The commitment period is 5 years. | | | | | |
| ☐ Check if this is an amended filing | | | | | |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Calculate Your Average Monthly Income Part 1: 1. What is your marital and filing status? Check one only.

□ Not married. Fill out Column A, lines 2-11.

■ Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both

| | | | | Colur Debte | | nn B or 2 or filing spouse |
|--|----------------------------------|------------------------------------|--------------------------------|----------------|----------|--------------------------------------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and co | mmissi | ons (before all | \$ | 3,269.91 | \$ 8,327.78 |
| Alimony and maintenance payments. Do not include Column B is filled in. | le payme | nts from | a spouse if | \$ | 0.00 | \$ 0.00 |
| All amounts from any source which are regularly of you or your dependents, including child suppour on an unmarried partner, members of your househound roommates. Do not include payments from a spoyou listed on line 3. Net income from operating a business, | rt. Includ old, your (| e regulai depende not includ | contributions nts, parents, | \$ | 0.00 | \$ 0.00 |
| orofession, or farm | \$ | 0.00 | | | | |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses | -\$ | 0.00 | | | | |
| Net monthly income from a business, profession, or fa | · — | | Copy here -> | \$ | 0.00 | \$ 0.00 |
| Net income from rental and other real property | Debtor | 1 | | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | |
| Net monthly income from rental or other real property | _ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period Case 18-22967-CMB Doc 1 Filed 07/26/18 Entered 07/26/18 16:18:34 Desc Main Document Page 39 of 54

Susan L. Aversa Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3,269.91 8,327.78 11,597.69 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 11.597.69 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 11,597.69 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 11,597.69 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12

15b. The result is your current monthly income for the year for this part of the form.

139,172.28

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Susan L. Aversa Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: PA 16a. Fill in the state in which you live. 5 16b. Fill in the number of people in your household. 102.045.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 11,597.69 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 11,597.69 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 11,597.69 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 139,172.28 \$ 20b. The result is your current monthly income for the year for this part of the form 102,045.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Susan L. Aversa Susan L. Aversa Signature of Debtor 1 Date July 26, 2018 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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| Fill in | this information to identify | your case: | | | | |
|----------|---|--|---|--|-------------------------|-----------|
| Debtor | ^{⊤1} Susan L. Avers | а | | | | |
| | | <u>-</u> | | | | |
| Debtor | | | | | | |
| (Spous | se, if filing) | | | | | |
| United | States Bankruptcy Court for | the: Western District | of Pennsylvania | | | |
| Case r | number wn) | | | ☐ Checl | k if this is an amend | ed filing |
| (| , | | | | | J |
| Official | I Form 122C-2 | | | | | |
| Cha | pter 13 Calcula | tion of Your I | Disposable Ir | come | | 04/16 |
| | out this form, you will need itment Period (Official Forn | | of Chapter 13 Stateme | nt of Your Current Monthly | Income and Calcula | tion of |
| space i | | e sheet to this form, In | nclude the line number | ther, both are equally respo to which additional inform | | |
| Part 1 | Calculate Your Deduc | ctions from Your Incom | ne | | | |
| the | | find the IRS standards | s, go online using the li | r certain expense amounts nk specified in the separat | | |
| exp | enses if they are higher than | the standards. Do not in | nclude any operating exp | nse. In later parts of the formenses that you subtracted from income in line 13 of Form 12 | om income in lines 5 a | |
| If yo | our expenses differ from mon | th to month, enter the av | verage expense. | | | |
| Note | e: Line numbers 1-4 are not | used in this form. These | numbers apply to inform | ation required by a similar fo | orm used in chapter 7 o | cases. |
| 5. | The number of people us | ed in determining your | r deductions from inco | ne | | |
| | Fill in the number of people plus the number of any add the number of people in you | itional dependents whor | | | 5 | |
| Nati | ional Standards Y | ou must use the IRS Na | itional Standards to answ | er the questions in lines 6-7. | | |
| 6. | Food, clothing, and other Standards, fill in the dollar a | | | in line 5 and the IRS Nationa | al \$ | 2,051.00 |
| 7. | the dollar amount for out-of | -pocket health care. The because older people h | e number of people is spl have a higher IRS allowa | tered in line 5 and the IRS N it into two categoriespeople ance for health car costs. If yo 22. | e who are under 65 and | d |

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Document Page 42 of 54 Susan L. Aversa Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 5 7c. Subtotal. Multiply line 7a by line 7b. 260.00 Copy here=> 260.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. **Total.** Add line 7c and line 7f 260.00 260.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 704.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,182.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Seterus, Inc. 700.91 Copy Repeat this amount 700.91 700.91 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 481.09 481.09 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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Case number (if known)

Susan L. Aversa 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 460.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 2011 Subaru Legacy 50000 miles Location: 2041 East Homestead St., Pittsburgh PA 15212 13a. Ownership or leasing costs using IRS Local Standard..... 497.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment Ally Financial 207.79 Repeat this Copy amount on Total Average Monthly Payment 207.79 here => 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 289.21 289.21 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Conv Repeat this here Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 \$ 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Debtor 1

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Debtor 1 Susan L. Aversa Case number (if known)

| | | n addition to the expense d he following IRS categories | | s listed above | , you are allowed your monthly expenses | for | |
|---|---|---|--|---|--|-----|----------|
| 16. | self-employment taxes, socia | al security taxes, and Medic wever, if you expect to rece m the total monthly amount | are taxes | s. You may inc refund, you m | d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes. | \$ | 2,458.67 |
| 17. | Involuntary deductions: The contributions, union dues, are | | uctions th | nat your job re | quires, such as retirement | | |
| | | | o, such a | s voluntary 40 | 1(k) contributions or payroll savings. | \$ | 369.00 |
| 18. | filing together, include payme | ents that you make for your life insurance on your depe | spouse's | s term life insu | e insurance. If two married people are rance. spouse's life insurance, or for any form | \$ | 0.00 |
| 19. | Court-ordered payments: administrative agency, such Do not include payments on | by the order of a court or You will list these obligations in line 35. | \$ | 0.00 | | | |
| 20. | Education: The total monthl | y amount that you pay for ε | ducation | that is either i | required: | | |
| | as a condition for your job | o, or | | | | | |
| | for your physically or mer | tally challenged dependent | child if r | o public educ | ation is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly Do not include payments for | | | - | sitting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | | and welfare of you or your | depende | ents and that is | amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7. | | 0.00 |
| | Payments for health insuran | ce or health savings accour | nts should | d be listed only | y in line 25. | \$ | 0.00 |
| 23. | for you and your dependents phone service, to the extent income, if it is not reimbursed Do not include payments for | , such as pagers, call waitin necessary for your health a d by your employer. basic home telephone, inte | ng, caller nd welfar | identification, re or that of you | you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment ount you previously deducted. | +\$ | 0.00 |
| 24. Add all of the expenses allowed under the IRS expense allowances. | | | | | | | |
| 24. | Add lines 6 through 23. | owed under the IRS expe | nse allov | wances. | | \$ | 7,072.97 |
| | | · | eductions | s allowed by th | | \$ | 7,072.97 |
| Add | Add lines 6 through 23. itional Expense Deductions Health insurance, disability | These are additional d Note: Do not include a | eductions ny expen | s allowed by the se allowances | | - | 7,072.97 |
| Add | Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance. | These are additional d Note: Do not include a | eductions ny expen | s allowed by the se allowances | s listed in lines 6-24. ses. The monthly expenses for health | - | 7,072.97 |
| Add | Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance, your dependents. | These are additional d Note: Do not include a | eductions ny expen avings ao unts that | s allowed by the se allowances ccount expendance are reasonab | s listed in lines 6-24. ses. The monthly expenses for health | - | 7,072.97 |
| Add | Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, vour dependents. Health insurance | These are additional d Note: Do not include a insurance, and health sa te, and health savings acco | eductions ny expen avings ac unts that | s allowed by the see allowances ccount expension are reasonab | s listed in lines 6-24. ses. The monthly expenses for health | - | 7,072.97 |
| Add | Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance | These are additional d Note: Do not include a insurance, and health sa te, and health savings acco | eductions ny expen avings ac unts that \$ | s allowed by the seallowances allowances account expensare reasonabes 624.33 | s listed in lines 6-24. ses. The monthly expenses for health | - | 624.33 |
| Add | Add lines 6 through 23. Itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account | These are additional d Note: Do not include a insurance, and health save, and health save, and health savings accordance. | eductions ny expen avings a units that \$ \$ | s allowed by the seallowances allowances account expensare reasonabes 624.33 0.00 0.00 | s listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o | r | |
| Add | Add lines 6 through 23. Itional Expense Deductions Health insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to | These are additional d Note: Do not include a insurance, and health save, and health save, and health savings accordance. | eductions ny expen avings a units that \$ \$ | s allowed by the seallowances allowances account expensare reasonabes 624.33 0.00 0.00 | s listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o | r | |
| Add 25. | Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason | These are additional d Note: Do not include a r insurance, and health save, and health save, and health save, and health save, and health savings accordatal amount? u actually spend? the care of household of nable and necessary care as f your immediate family wh | eductions ny expen avings ar unts that \$ \$ \$ framily r and supp o is unab | s allowed by the seallowances allowances account expensare reasonab 624.33 0.00 0.00 624.33 | c actual monthly expenses that you will dy, chronically ill, or disabled member of uch expenses. These expenses may | r | |
| 25. | Add lines 6 through 23. Itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason your household or member of include contributions to an are Protection against family were productions. | These are additional d Note: Do not include a rinsurance, and health sate, and health sate, and health savings according to the care of household on nable and necessary care as f your immediate family who count of a qualified ABLE piolence. The reasonably not include a sate of your immediate family who count of a qualified ABLE piolence. The reasonably not include a sate of your immediate family who count of a qualified ABLE piolence. The reasonably not include a sate of your immediate family who count of a qualified ABLE piolence. | sunds that contains that sunds that sun | s allowed by the seallowances allowances allowances are reasonabes. 624.33 0.00 0.00 624.33 members. The ort of an elder ole to pay for seallowances. The ort of under the pay for seallowances. Seallowances are monthly expe | c actual monthly expenses that you will dy, chronically ill, or disabled member of uch expenses. These expenses may | r\$ | 624.33 |

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| ebtor 1 | Susan L. Aversa | Case number | er (if known) | | |
|---------|--|---|---|------|--------------------|
| | Additional home energy costs. Your hom line 8. | e energy costs are included in your insurance and o | operating expenses on | | |
| | If you believe that you have home energy of 8, then fill in the excess amount of home er | osts that are more than the home energy costs inclunergy costs | uded in expenses on lin | € | |
| | You must give your case trustee document amount claimed is reasonable and necessa | ation of your actual expenses, and you must show there. | hat the additional | \$_ | 0.00 |
| , | Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school. | Iren who are younger than 18. The monthly expere pendent children who are younger than 18 years of | nses (not more than d to attend a private or | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you must explair not already accounted for in lines 6-23. | n why the amount | | |
| | * Subject to adjustment on 4/01/19, and eve | ery 3 years after that for cases begun on or after the | date of adjustment. | \$_ | 0.00 |
| | Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance | | | | |
| | To find a chart showing the maximum addit instructions for this form. This chart may als | | | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | | \$_ | 0.00 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | e amount that you will continue to contribute in the fountiation. 11 U.S.C. § 548(d)(3) and (4). | orm of cash or financial | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | \$_ | 0.00 |
| | Add all of the additional expense deduct Add lines 25 through 31. | tions. | | \$_ | 624.33 |
| Dedu | ictions for Debt Payment | | | | |
| lo | pans, and other secured debt, fill in lines | in property that you own, including home mortg 33a through 33e. ent, add all amounts that are contractually due to ea | | | |
| | reditor in the 60 months after you file for ba | | acii seculed | | |
| | Mortgages on your home | | | paym | ige monthly ent |
| 33a. | Copy line 9b here | | => | \$ | 700.91 |
| | Loans on your first two vehicles | | | | |
| 33b. | Copy line 13b here | | => | \$ | 207.79 |
| 33c. | | | | \$ | 0.00 |
| 33d. | List other secured debts: | | | · — | |
| | e of each creditor for other secured debt | Identify property that secures the debt | Does payment include taxes or insurance? | | |
| | | | □ No | | |
| | -NONE- | | ☐ Yes | \$ | |
| | | | □ No | | |
| | | | ☐ Yes | \$ | |
| | | | □ No | | |
| | | | ☐ Yes + | ¢ | |
| | | | <u> </u> | \$ | |
| | | | 908.70 Copy | | |

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| Debtor 1 | Susa | an L. Aversa | | | C | Case r | number (<i>if known</i>) | | | |
|----------|---------------------------------------|---|--|---|----------------------------|--------|----------------------------|-------------------------|------------------|----------|
| | | debts that you listed in lin property necessary for yo | | | | cle, | | | | |
| | | Go to line 35. | | | | | | | | |
| | ■ Yes. | State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i | ssession of your property (| | | | | | | |
| Na | me of the | creditor | Identify property that secu | ires the de | ebt | Т | otal cure amount | | lonthly mount | cure |
| Al | ly Finar | ncial | 2011 Subaru Legacy Location: 2041 East Pittsburgh PA 15212 2041 East Homestea PA 15212 Allegheny Debtor's primary res | Homest 2 nd St. Pit 7 County sidence, | ead St., etsburgh, v | \$_ | 1,100.00 | ÷ 60 = \$ | | 18.33 |
| Se | eterus, I | nc. | based on comparab neighborhood. | ie nome | s in the | \$ | 7,051.13 | | | 117.52 |
| | | | | | | \$ | | ÷ 60 = +\$ | | |
| | | | | | Tota | al \$ | 135.85 | Copy total here=> | . \$_ | 135.85 |
| | | 0 01 | ch as those you listed in line | | ude current or | | | | | |
| | | Total amount of all past- | | | | \$ | | ÷ 60 | \$_ | 0.00 |
| | - | d monthly Chapter 13 plar | | | | \$ | | - | | |
| : | Office of the Exec To find a li | nultiplier for your district as the United States Courts (fo utive Office for United State st of district multipliers that incl nstructions for this form. This lis | or districts in Alabama and N s Trustees (for all other dist udes your district, go online usin | North Card ricts). ng the link s | olina) or by | X | | Comu tota | | |
| | Average | monthly administrative expe | ense | | | | \$ | Copy tota | | |
| 37. | | of the deductions for deb | t payment. | | | | | | \$ | 1,044.55 |
| Tota | al Deduc | tions from Income | | | | | | | | |
| 38. | Add all c | of the allowed deductions. | | | | | | | | |
| | | ne 24, All of the expenses are allowances | llowed under IRS | \$ | 7,072. | 97 | | | | |
| | Copy lin | ne 32, All of the additional ea | xpense deductions | \$ | 624.3 | 33 | | | | |
| | Copy lin | ne 37, All of the deductions | for debt payment | +\$_ | 1,044. | 55 | \neg | | | |
| | Total de | eductions | | \$ | 8,741.8 | 85 | Copy total here= | > | \$ | 8,741.85 |

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| Debtor 1 | Susan | L. Avers | a | | Case r | numb | oer (if known) | | | |
|---|--|---|--|--------------------------------|--|------------|---|----------------|---------------|--------|
| Part 2: | Deter | mine Your | Disposable Income Under 11 U.S.C. § 1 | 325(b |)(2) | | | | | |
| | | | ent monthly income from line 14 of Form urrent Monthly Income and Calculation of | | | | | \$ | 11, | 597.69 |
| ch dis red | ildren. T sability pa ceived in | he monthly ayments for accordance | r necessary income you receive for support average of any child support payments, for a dependent child, reported in Part I of Fore with applicable nonbankruptcy law to the aded for such child. | ster c | are payments, or 2C-1, that you | \$ | 0 | .00 | | |
| em in | nployer w 11 U.S.C | vithheld from 5. § 541(b)(7 | irement deductions. The monthly total of in wages as contributions for qualified retire 7) plus all required repayments of loans from § 362(b)(19). | ment | plans, as specified | \$ | 0 | .00 | | |
| 42. To | tal of all | deduction | s allowed under 11 U.S.C. § 707(b)(2)(A) | . Cop | y line 38 here=> | \$ | 8,741 | .85 | | |
| ex the | penses a eir expen | and you hav ses. You m | I circumstances. If special circumstances re no reasonable alternative, describe the sust give your case trustee a detailed explacumentation for the expenses. | pecia | l circumstances and | | | | | |
| Descr | ibe the s | special circ | umstances | | Amount of expens | se | | | | |
| | | | | | \$ | | | | | |
| | | | | | \$ | | | | | |
| | | | | | \$ | | | | | |
| | | | Tota | al \$_ | | Cop her | oy e=> \$ | 0.0 | 00 | |
| 44. To | tal adjus | stments. A | dd lines 40 through 43. | | => \$_ | | 8,741.85 | Copy here=> | »-\$8, | 741.85 |
| 45. C a | • | | nly disposable income under § 1325(b)(2 | 2). Sut | otract line 44 from line | e 39 | 9. | \$ | 2,85 | 5.84 |
| 46. Ch ha tim | nange in ve chang ne your ca u filed yo | income or ged or are v ase will be our petition, | expenses. If the income in Form 122C-1 of irtually certain to change after the date you open, fill in the information below. For example check 122C-1 in the first column, enter line of when the increase occurred, and fill in the | ı filed nple, i e 2 in t | your bankruptcy petit if the wages reported the second column, e | ion inc | and during the reased after | | | |
| Form | L | ine | Reason for change | | Date of change | | Increase or decrease? | Amou | unt of change | |
| ☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122 | C-2 C-1 C-2 C-1 | | | | | - | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase | \$ \$ | | |
| ☐ 122 ☐ 122 ☐ 122 | C-1 | | | | _ | _ | ☐ Decrease ☐ Increase ☐ Decrease | \$ \$ | | |

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| Debtor 1 | Susan L. Aversa | Case number (if known) |
|----------|--|--|
| | | |
| | | |
| Part 4: | Sign Below | |
| В | y signing here, under penalty of perjury you declare that the inform | nation on this statement and in any attachments is true and correct. |
| _ | /s/ Susan L. Aversa Susan L. Aversa Signature of Debtor 1 | |
| | July 26, 2018 MM / DD / YYYY | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-22967-CMB Doc 1 Filed 07/26/18 Entered 07/26/18 16:18:34 Desc Main Document Page 53 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| | West | ern District of Femisyrva | ша | | |
|------|---|---|---|--|---|
| In | re Susan L. Aversa | | Case No. | | |
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF COMPE | ENSATION OF ATTO | RNEY FOR DI | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation | ing of the petition in bankruptcy | , or agreed to be paid | to me, for services r | |
| | For legal services, I have agreed to accept | | s | 3,000.00 | |
| | Prior to the filing of this statement I have received | | | 3,000.00 | |
| | Balance Due | | | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed com | pensation with any other person | unless they are mem | bers and associates of | of my law firm. |
| | ☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the name of the | | | | law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspec | ts of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Client has agreed that the parties will free". Attorney will record and maintain for client, all of which will be billed at \$1 the Court's Local Rules pertaining to a PA 1993). Client's fee agreement will be | atement of affairs and plan which tors and confirmation hearing, a ollow the Local Rules regain time and expenses for all \$250.00 per hour. Additional ttorney compensation in ac | h may be required; nd any adjourned hea rding compensation meetings, appeara I compensation with in | urings thereof; on beyond the loc ances, and work c ill be paid in acco | al "No-Look completed rdance with |
| 6. | By agreement with the debtor(s), the above-disclosed f | ee does not include the following | g service: | | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of a bankruptcy proceeding. | ny agreement or arrangement fo | r payment to me for r | epresentation of the | debtor(s) in |
| | July 26, 2018 | /s/ Matthew M. B | rennan | | |
| _ | Date | Matthew M. Brennan 90195 | | | |
| | | Signature of Attorn Matthew M Bren | | | |
| | | 6101 Penn Ave. | iidii | | |
| | | Suite 201 | F206 | | |
| | | Pittsburgh, PA 1 412-414-9366 | J200 | | |
| | | | hrennan@amail c | om | |

Name of law firm

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United States Bankruptcy Court Western District of Pennsylvania

| In re | Susan L. Aversa | | Case No. | |
|-----------|--------------------------------------|---|---------------------|------------------------|
| , | Ododn E. Avorod | Debtor(s) | Chapter | 13 |
| | | | | |
| | VERIF | FICATION OF CREDITOR | R MATRIX | |
| abo | ove-named Debtor hereby verifies the | at the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| . | To manea Bessel nelect, vermes and | at the unuested first of creditors is true unit | correct to the best | or missiler knowledge. |
| ate: | July 26, 2018 | /s/ Susan L. Aversa Susan L. Aversa | | |

Signature of Debtor